

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**62-022310**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 73

Primary Registration District No. 3014

Registrar's No. 87

**FILED JUL 9 1962**

VS 300  
Rev. 4/59

16003

26003

3

4 0

5 1

6

7 0

8 2

9 199.2

10

11

12 90.2

13 3-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

## 1. PLACE OF DEATH

a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Liberty

Length of stay in lb

1 yr.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

748 Hillside

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Clay

c. CITY  
OR TOWN

Liberty

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS

748 Hillside

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First WYLIE

Middle M.

Last BUSH

4. DATE  
OF DEATH

Month JULY

Day 3

Year 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. Married

☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

Feb. 6, 1897

## 9. AGE (last birthday)

65

## 10. IF UNDER 1 YEAR

Months 6 Days 5

## 11. IF UNDER 24 HR

Hours 0 Min. 0

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Clay County, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

O'Fallon Bush

## 13b. MOTHER'S MAIDEN NAME

Sarah Harris

## 14. NAME OF HUSBAND OR WIFE

Ora Duncan Bush

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

[Redacted]

## 17. INFORMANT

Ray Bush

## 18. ADDRESS

Liberty, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line. PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

toxemia

### DUE TO (b)

biliary obstruction

### DUE TO (c)

carcinoma of brain, liver, and pelvis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## INTERVAL BETWEEN ONSET AND DEATH

2 weeks

2 weeks

7 years

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

left nephrectomy 1-11-56 adenocarcinoma

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour 9:00 a.m. Month, Day, Year 1952

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 9:00 a.m. 1952 to 1962 and last saw him alive on 7-3-62

Death occurred at 9:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Chas. M. Smith, M.D.

(Degree or title)

## 22b. ADDRESS

Liberty, Mo.

## 22c. DATE SIGNED

7-3-62

## 23a. BURIAL, CREATION, REMOVAL (Specify)

Burial

## 23b. DATE

July 5, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Providence

## 23d. LOCATION (City, town, or county)

Clay County, Missouri

## 24. FUNERAL DIRECTOR

Church-Archer Co. Liberty, Mo.

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

7-5-62

## 26. REGISTRAR'S SIGNATURE

Nobel Graham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

MAR 5 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harold G. Smith

Licensed Embalmer No. 4575

P. O. Address Liberty, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.